



Outpatient Services • Rehabilitation Clinics

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Federal Deficit Reduction Act of 2005 Requirements Implemented

Effective January 1, 2007, all new provider applicants and all providers subject to re-enrollment processing will be required to certify that they comply with Section 1902(a) of the Social Security Act.

On February 8, 2005, President Bush signed into law the Deficit Reduction Act (DRA), which requires specified changes to Medicaid (Medi-Cal in California) law. One of those changes is the requirement for employee education about false claims recovery. These changes go into effect on January 1, 2007.

This article contains information about both the state and federal law regarding this new requirement. This article also serves as the official notice of new federal requirements for Medi-Cal providers in California.

Federal Law

Section 6032 of the DRA requires any entities that receive or make annual payments under the State Plan (Medi-Cal in California) of at least \$5 million, as a condition of receiving such payments, to have established written policies and procedures about the Federal and State False Claims Act for their employees, agents and contractors.

Specifically, Section 6032 amends the Social Security Act, Title 42, United States Code, Section 1396a(a), by inserting an additional relevant paragraph, (68). To summarize, this new paragraph mandates that any entity that receives or makes payments under the State Plan of at least \$5 million annually, as a condition of receiving such payments, must comply with the following requirements:

1. Establish written policies for all employees of the entity, including management and any contractor(s) or agent(s) of the entity. These written policies shall provide detailed information about the following:
 - Federal False Claims Act, including administrative remedies for false claims and statements established under Title 31, USC, Chapter 38.
 - State laws pertaining to civil or criminal penalties for false claims and statements; whistleblower protections under such laws; and the role of these laws in preventing and detecting fraud, waste and abuse in Federal health care programs.
2. The written policies must include details about the entity's policies and procedures for detecting and preventing fraud, waste and abuse.
3. Any employee handbook for the entity must include specific discussion of the laws about false claims and statements; the rights of employees to be protected as whistleblowers; and the entity's policies and procedures for detecting and preventing fraud, waste and abuse.

2007 CPT-4/HCPSC Code Update Reminder

The 2007 updates to *Current Procedural Terminology – 4th Edition* (CPT-4) codes and *Healthcare Common Procedure Coding System* (HCPSC) Level II codes become effective for Medicare on January 1, 2007. The Medi-Cal program has not yet adopted the 2007 updates. Providers must not use the 2007 codes to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

California Children's Services Program Updates

Updates to the California Children's Services (CCS) Service Code Groupings (SCGs) are as follows:

<u>Code</u>	<u>SCGs updated</u>	<u>Effective for Dates of Service on or after:</u>
Z5956	04	July 1, 2004
Z0306	01, 02, 03 and 07	July 1, 2006
C9225	01, 02, 03 and 07	November 1, 2006
J3490	01, 02, 03 and 07	December 1, 2006
J3590	01, 02, 03 and 07	December 1, 2006

Reminder: SCG 02 includes all codes found in SCG 01, plus additional codes applicable only to SCG 02. SCG 03 contains all codes found in SCG 01 and 02, plus additional codes applicable only to SCG 03. SCG 07 contains all codes found in SCG 01, plus additional codes applicable only to SCG 07.

New Medical Therapy SCG Added

Effective retroactively for dates of service on or after November 1, 2006, a new SCG has been added. Medical Therapy (SCG 11) codes are used by physical and occupational therapists. The codes contained in this new SCG are not included in any other SCG, and SCG 11 does not include codes from any other SCGs.

This information is reflected on manual replacement pages cal child ser 1, 3, 16 and 24 (Part 2).

Corrections: Hepatitis A Vaccine Codes

An article in the June 2006 *Medi-Cal Update* announced that effective for dates of service on or after July 1, 2006, CPT-4 code 90634 (Hepatitis A Vaccine [pediatric/adolescent], three dose) became a non-benefit. (This regimen is no longer in use.) However, several references to the code were inadvertently left in the provider manual. Those references have been removed.

In addition, the article announced removal of the SK (high risk) modifier requirement when billing CPT-4 code 90633 (Hepatitis A Vaccine [pediatric/adolescent], two dose). However, the *Modifiers Used With Procedure Codes* manual section was not updated to reflect that change. That section is now updated.

These corrections are reflected on manual replacement pages inject 2 (Part 2), inject vacc 1 (Part 2), modif used 4 (Part 2) and non ph 11 (Part 2).

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Remove and replace: cal child ser 1 thru 4, 15/16

Remove: cal child ser 23

Insert: cal child ser 23/24

Remove and replace: inject 1/2, 45 thru 59 *
inject list 3 thru 6 *, 15 thru 18 *
inject vacc 1
medi non hcp 3 *
modif app 5/6 *
modif used 3/4, 7/8 *
non ph 11/12

Remove: tar dis cod 3 thru 7

Insert: tar dis cod 3 thru 10 *

* Pages updated due to ongoing provider manual revisions.